



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division – Tax Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
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**ARIZONA LICENSED SURPLUS LINES BROKER
AMENDED SEMI-ANNUAL STATEMENT AND TAX REPORT**

AMENDMENT NUMBER _____ DATED _____

SEMI-ANNUAL REPORT PERIOD: _____ THROUGH _____

NAME ON ARIZONA LICENSE: _____ Arizona License Number _____

INSTRUCTIONS

Use this form to report changes to your **Original** report or **last Amendment** filed. **Do not use Form E-SL-1 to E-SL-2 to file an AMENDED report.**

The electronic version of this form is provided in fillable pdf format and will compute amounts, such as column totals, all Part 3 amounts and the final Tax Due or Overpaid amount. You must use Adobe Acrobat version 7 to complete the fillable electronic version. A link is provided on our web site at <http://www.id.state.az.us/taxforms.html> to download a free copy of the Adobe Acrobat reader version 7.

As noted on Page 2, **show all negative amounts in brackets ()**.

Enter amounts from your **Original** report Form E-SL-1 or E-SL-2 or from your **last Amendment** in PART 1 and **attach a copy of that report**.

Enter the new amounts in PART 2.

If you are not using the fillable electronic version, subtract PART 1 amounts from PART 2 amounts for each line and column specified to enter results in PART 3.

Attach supporting documentation, such as copies of the original and updated detailed activity reports for the semi-annual period printed from the Surplus Lines Association of Arizona web site, with applicable transactions marked or highlighted. Your **check must equal the result in PART 3 for Line 4, Column C**.

*Semi-annual reports must reflect all new, renewal and cancellation transactions with effective dates that fall within the Semi-Annual period. Transactions reported to the Surplus Lines Association of Arizona more than 60 days after the policy effective date or cancellation effective date may require an **Amended** report for a prior period to be promptly filed with this Department with payment of any additional tax due. **Call (602) 364-3998 for assistance.***

Number and date this Amendment in the spaces provided above. In the event that multiple Amendments are filed for a semi-annual period, PART 1 amounts in each new Amended report must equal amounts reported in PART 2 of the previous Amended report.

A **notarized signature is required** upon each report pursuant to A.R.S. § 20-415.

I hereby attest that the information contained in this report, including any attachments thereto, is complete, true and correct to the best of my knowledge and belief.

Type Name of Licensed Firm, if applicable: _____

Signature of Affiant Broker or Authorized
Official on behalf of a Licensed Firm

Subscribed and sworn to before me this _____ day of _____, _____ (SEAL)

My commission expires: _____

YOU MUST FILE BOTH PAGES OF THIS REPORT

AMENDMENT NUMBER _____ DATED _____

SEMI-ANNUAL REPORT PERIOD: _____ THROUGH _____

NAME ON ARIZONA LICENSE: _____ Arizona License Number _____
(Type exact name as on Arizona license)

SHOW ALL NEGATIVE AMOUNTS IN BRACKETS ()

PART 1 – ENTER AMOUNTS FROM ORIGINAL OR LAST AMENDED FORM E-SL-1 OR E-SL-1 FOR LINES LISTED BELOW

Line of Business Description	(A) Aggregate Gross Premiums Charged Including Fees	(B) Return Premiums Paid to Insureds	(C) Aggregate Net Premiums	(D) Fire Portion of Aggregate Net Premiums
Fire and Allied Lines	\$ _____	\$ _____	\$ _____	\$ _____
Sum of All Other Lines	\$ _____	\$ _____	\$ _____	XXXXXXXXXX
1. TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____	\$ _____
2. EXEMPT PREMIUMS			(-) \$ _____	(-) \$ _____
3. TOTAL AMENDED PREMIUMS SUBJECT TO TAX – COLUMN C, LINE 1 MINUS LINE 2			\$ _____	\$ _____
SURPLUS LINES TAX RATE			3 %	
4. SURPLUS LINES PREMIUM TAX DUE - COLUMN C, LINE 3 times 0.03			\$ _____	

PART 2 – ENTER NEW AMOUNTS FOR THIS AMENDMENT BELOW

Line of Business Description	(A) Aggregate Gross Premiums Charged Including Fees	(B) Return Premiums Paid to Insureds	(C) Aggregate Net Premiums	(D) Fire Portion of Aggregate Net Premiums
Fire and Allied Lines	\$ _____	\$ _____	\$ _____	\$ _____
Sum of All Other Lines	\$ _____	\$ _____	\$ _____	XXXXXXXXXX
1. TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____	\$ _____
2. EXEMPT PREMIUMS			(-) \$ _____	(-) \$ _____
3. TOTAL AMENDED PREMIUMS SUBJECT TO TAX – COLUMN C, LINE 1 MINUS LINE 2			\$ _____	\$ _____
SURPLUS LINES TAX RATE			3 %	
4. SURPLUS LINES PREMIUM TAX DUE - COLUMN C, LINE 3 times 0.03			\$ _____	

PART 3 – ENTER RESULT OF PART 2 AMOUNT MINUS PART 1 AMOUNT FOR EACH LINE AND COLUMN SPECIFIED BELOW

LINE 1 COLUMN C	LINE 3 COLUMN C	LINE 1 COLUMN D	LINE 3 COLUMN D	LINE 2 COLUMN C	LINE 4 COLUMN C
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
[SL GROSS]	[SL TAXABLE]	[SLF GROSS]	[SLF TAXABLE]	[SLX]	TAX DUE OR (OVERPAID)

IF THE RESULT FOR LINE 4 COLUMN C IS POSITIVE, ENCLOSE PAYMENT FOR THAT AMOUNT.

IF THE RESULT FOR LINE 4 COLUMN C IS NEGATIVE, THE OVERPAID AMOUNT WILL BE REFUNDED UPON CONFIRMATION THAT IT IS VALID AND THERE ARE NO UNPAID TAX OR PENALTY AMOUNTS FOR THE BROKER.

Call (602) 364-3998 for assistance